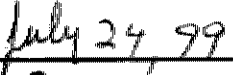
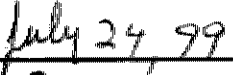
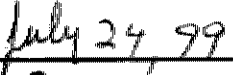


No. C 69312	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX CRAIG B. BASS, M.D. 21 E MAPLE #G HAILEY ID 83333									
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct CRAIG BASS, M.D., P.A. CRAIG B. BASS, M.D. P.O. BOX 876 HAILEY ID 83333		3. Organized Under the Laws of: ID C 69312									
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)												
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>								
President	Craig B. Bass, M.D.	Box 876, 21 East Maple Suite #G	Hailey	ID 83333								
Secretary	Margaret C. Pate	Box 876, 21 East Maple Suite #G	Hailey	ID 83333								
Director	Merrilyn F. Rohmer	1213 Vermont	Poise	ID 83333								
5. Signature of New Registered Agent		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Signature</td> <td style="width: 30%; text-align: center;">  </td> <td style="width: 10%;">Date</td> <td style="width: 30%; text-align: center;">  </td> </tr> <tr> <td>Name (Typed or Printed)</td> <td style="text-align: center;">CRAIG B. BASS, M.D.</td> <td>Title</td> <td style="text-align: center;">President</td> </tr> </table>			Signature		Date		Name (Typed or Printed)	CRAIG B. BASS, M.D.	Title	President
Signature		Date										
Name (Typed or Printed)	CRAIG B. BASS, M.D.	Title	President									

ISSUED: 07-03-1999

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